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Bib Data Sheet

CONFIRMATION NO. 2348

SERIAL NUMBER 10/801,971	FILING OR 371(c) DATE 03/15/2004 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. CISCP366/8546
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APPLICANTS

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None *No*

None *No*

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

06/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Maryland</i>	Examiner's Signature	Initials		

ADDRESS

022434

TITLE

Remote system status monitoring and software recovery on wireless bridges

FILING FEE RECEIVED 1600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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